

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015107

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

2351

VS 300
Rev. 4/591
23388

3

4 2

5 1

6

7 1

8 2

9442X

10

11

1276.0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

2351

STATE FILE NUMBER

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

42 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION VA HOSPITAL, K.C., MO.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

2922 VICTOR

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

GEORGE

Middle

H.

Last

BELTON

4. DATE

OF DEATH

Month

APRIL

Day

28,

Year

1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-28-97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UTILITY MAN

10b. KIND OF BUSINESS OR INDUSTRY

Columbia Steel

11. BIRTHPLACE (City and state or country)

TEXAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

PONEY BELTON

13b. MOTHER'S MAIDEN NAME

LAURA WOODS

14. NAME OF HUSBAND OR WIFE

GLADYS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

OFFICIAL RECORDS VA HOSPITAL, K.C., MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive cardiovascular disease.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriolar nephrosclerosis, with uremia.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

February 20, 1962 to April 28, 1962

Death occurred at

1:25 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. S. EVANS

(Degree or title)

22b. ADDRESS

VA Hospital, K.C., Mo.

22c. DATE SIGNED

4-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/4/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Fort Leavenworth, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Meek's Mortuary

K. C. Mo.

25. DATE RECD. BY LOCAL REG.

4-30-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willard B. Perkins

Licensed Embalmer No. 5013

P. O. Address K C M D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.